The case of a woman of `excellent religious character', but who was nevertheless afflicted with such `paroxysms', illustrates such a transformation. Her appearing to suffer as well from a diseased uterus, facilitates a transition to topic of the connection between `religious melancholy and abnormal condition of the generative organs' (35). Finally sexuality is added to an already volatile mixture of religion and seemingly demonic possession.

Workman and his colleagues have evidently had to address precisely this combination in female patients; in such cases the doctor risked becoming himself a sexual component of the delusions:

> For my own part, I have long since learned to be very shy of every female patient in whose case marked religious emotional manifestations have been presented. I have known some very unpleasant mistakes made in private practice, from inadvertency in this direction. (36)

He recounts the case of a woman with uterine trouble and a disposition to religious madness, who falls in love with her physician after a few examinations. Workman considers the latter partly responsible, for not having kept his visits `short and unfrequent as possible'. After the physician severs his relationship with the afflicted woman, Dr Workman dismisses her as insane, but her friends believe she is suffering from 'disappointed affection' and blame his colleague.

One of his own patients, admitted into the asylum in 1860, `aged 39, of very delicate structure, the mother of four children' (37), and a constant reader of religious books, desired to `prolong conversation'. He recalls how she ran away from home and was later found with her youngest child, in the church to which she belonged. She improves after four months when she is brought home by her husband; two years later her condition deteriorates again and she is brought back to the asylum, with the same symptoms only much worse than before. Dr Workman somewhat delicately notes the `somatic movements' of `uterine trouble': `It is not necessary before an audience familiar with such occurrences, to enter into painful details' (37). The subsequent autopsy confirms that the `primary seat' of the disease was the uterus and ovaries; the woman's regular doctor confirms that `he had found the erotic tendency a serious difficulty to deal with' (38). Workman seems to have discouraged what appear to have been